# CORPORATE CREDIT REQUEST FORM (Only Applicable for Businesses Registered in Singapore)

**ENTERPRISE BANKING**

Bank Staff No: | | | | | | | Campaign Code: ____________

**Please indicate amount of financing required :**

| UNSECURED FACILITY REQUEST | | | SECURED FACILITY REQUEST | | |
|---|---|---|---|---|---|
| **Trade Facilities** | **S$**________ | Max S$200,000 | **Trade Facilities** | **S$**________ | Max S$2,000,000 |
| **Overdraft** | **S$** ________ | Max S$200,000 | | | |
| **DBS Business Loan** | **S$** ________ | Max S$200,000 | ***To be secured by*** **Fixed Deposits** | **S$** ________ | |
| **Grow with DBS** (LEFS Micro Loan) | **S$** ________ | Max S$ 50,000 | **Property** | **S$** ________ | |
| **TOTAL** | **S$** ________ | Max S$200,000 | | | |

**Supporting documents to submit:-**

- ☐ **Photocopy of NRIC** (front and back) of guarantor(s)
- ☐ **Income Tax Notice of Assessment** for the last 2 years of sole proprietor / key partners / directors
- ☐ **Bank Statements** for the last 3 months (if operating account is not maintained with DBS)
- ☐ **Financial Statements** (audited where applicable) for the last 2 years (latest financial statements should be less than 18 months old)
- ☐ **Original / Certified True Copy of Updated Memorandum and Articles of Association by any 1 director** (only applicable for Pte Ltd Companies which do not maintain any borrowing account with DBS)
- ☐ **Business Plan** for business with less than 2 years in operation
- ☐ **For Professional Practices (Not Registered with ACRA):-**
  - A copy of a confirmation from the relevant authority on the constitution of firm and name(s) of sole proprietor / partners
  - Original letter stating equity partners & authorized signatures (for partnership only)
- ☐ **SPRING Singapore-Application Form** (only applicable for LEFS Micro Loan applications)
- ☐ **Debtor's Ageing list** (for Trade Application only)
- ☐ Other supporting financial information of relevance to this application

**PLEASE MAIL THIS FORM & SUPPORTING DOCUMENTS TO:-**
**DBS Bank Ltd**
**P.O. Box 228**
**Robinson Road Branch**
**Singapore 900482**
**Attn: Business Support Unit**
**Corporate & Investment Banking Group**

Action by Branch/ Sales Staff
Please send completed Form & Documents to:
CIB-Business Support Unit
6 Shenton Way, #18-08 DBS Building Tower 2,
Singapore 068809. CP Code: T20022

*(Your application must be completed in full and should reach us no later than two weeks from the date of this application)*

Please allow up to 2 weeks for the application processing upon receipt of the duly completed forms and complete documentation.
For enquiries, please contact our Relationship Officers at **1800-222-2200** or email us at **smebanking@dbs.com.**

## COMPANY INFORMATION

Registered Business Name: ______________________________

Registration Number: | | | | | | | | | | | | | | | | | (if registered with ACRA)

Mailing Address: ______________________________

Postal Code: | | | | | | |

Office Tel: | | | | | | | | | Fax No: | | | | | | | | |

Constitution: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Date of Incorporation/Registration: __ / __ / ____ (DD/MM/YYYY)

Number of Employees: | | | |

GST Registered: ☐ No ☐ Yes GST Registration Number (if applicable): ____________

Main Operating Account (select one box only): ☐ DBS Bank ☐ Others (please specify name of one bank only) ____________

| Key Contact Person (Name & Designation): | Office Number: | Mobile Number: | Email Address: |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

**Nature of Business** (please tick ☑ **one only**)

030000 ☐ **Building & Construction**
060104 ☐ **Investment Holding**

**Manufacturing**
021002 ☐ Electronic Products
020101 ☐ Food
020601 ☐ Industrial Chemicals
020501 ☐ Printing / Publishing
020605 ☐ Plastics Products
021202 ☐ Others

**Trading**
040103 ☐ Import & Export
040200 ☐ Retail
040105 ☐ Arms Trading
040204 ☐ Second Hand Car Dealer
040202 ☐ Pharmacies & Drug Stores

**Transport & Communications**
050103 ☐ Air Transport
050101 ☐ Land Transport
050102 ☐ Water Transport
050203 ☐ Services related to transportation of goods
050202 ☐ Services related to transportation of passengers

**Financial & Business Services**
080505 ☐ Employment Agency
080505 ☐ Information Technology
030200 ☐ Property Agency
060103 ☐ Reinsurance / Insurance Co.
080401 ☐ Training / Educational Services

**Household / Community Services**
080405 ☐ Cleaning
080300 ☐ Entertainment
080300 ☐ Gambling & Related
080301 ☐ Restaurant / Catering
080403 ☐ Salon / Beauty Care

**Professional Practices**
080502 ☐ Accounting / Auditing / Secretarial Services
080504 ☐ Engineering / Architect
080501 ☐ Legal Services
080503 ☐ Medical Services

☐ **Others**
Please specify ____________

**COMPANY BORROWING FACILITIES WITH OTHER FINANCIAL INSTITUTIONS**
**(If the space provided is insufficient, please provide the information on a separate sheet of paper and attach it to this form)**

| Name of Bank / Finance Company | Loan Amount (S$) | Facility Type (e.g. Overdraft, Term Loan) | Monthly Repayment (S$) | Interest Rate (%) | Security Provided |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |

**DECLARATION BY SOLE PROPRIETOR / KEY PARTNER / KEY DIRECTOR**

- Sole Proprietor/Key Partners or Directors must be Singaporeans or Singapore PRs and aged between 21 and 60 years.
- All partners or directors of incorporated company are required to be guarantors.

Name (as in NRIC/Passport):

NRIC: |_|_|_|_|_|_|_|_|_|

Gender: ☐ Male ☐ Female

Office No: |_|_|_|_|_|_|_| Mobile No: |_|_|_|_|_|_|_|_|

Marital Status:
☐ Single ☐ Married ☐ Divorced ☐ Widowed

Highest Qualification:
☐ University / Post Graduate ☐ Diploma ☐ ITE Certificate
☐ Secondary & Below ☐ A-Level

No of years in industry: |_|_| Years |_|_| Months

Residential Type:
☐ HDB ☐ Condo / Apartment ☐ Landed

Residence Status:
☐ Owned ☐ Rented ☐ Mortgaged ☐ Live with Parents

**PERSONAL FINANCIAL COMMITMENTS WITH OTHER BANKS/FINANCE COMPANIES**

1. Name of Institution: _____

Facility: ☐ Housing Loan ☐ Renovation Loan ☐ Overdraft ☐ Vehicle Loan

Loan amount: S$ _____

Monthly Repayment: S$ _____

Interest Rate Payable: _____ % p.a.

2. Name of Institution: _____

Facility: ☐ Housing Loan ☐ Renovation Loan ☐ Overdraft ☐ Vehicle Loan

Loan amount: S$ _____

Monthly Repayment: S$ _____

Interest Rate Payable: _____ % p.a.

3. Name of Institution: _____

Facility: ☐ Housing Loan ☐ Renovation Loan ☐ Overdraft ☐ Vehicle Loan

Loan amount: S$ _____

Monthly Repayment: S$ _____

Interest Rate Payable: _____ % p.a.

**DECLARATION BY SOLE PROPRIETOR / KEY PARTNER / KEY DIRECTOR**

Name (as in NRIC/Passport):

NRIC: |_|_|_|_|_|_|_|_|_|

Gender: ☐ Male ☐ Female

Office No: |_|_|_|_|_|_|_| Mobile No: |_|_|_|_|_|_|_|_|

Marital Status:
☐ Single ☐ Married ☐ Divorced ☐ Widowed

Highest Qualification:
☐ University / Post Graduate ☐ Diploma ☐ ITE Certificate
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**PERSONAL FINANCIAL COMMITMENTS WITH OTHER BANKS/FINANCE COMPANIES**

1. Name of Institution: _____

Facility: ☐ Housing Loan ☐ Renovation Loan ☐ Overdraft ☐ Vehicle Loan

Loan amount: S$ _____

Monthly Repayment: S$ _____

Interest Rate Payable: _____ % p.a.

2. Name of Institution: _____

Facility: ☐ Housing Loan ☐ Renovation Loan ☐ Overdraft ☐ Vehicle Loan

Loan amount: S$ _____

Monthly Repayment: S$ _____

Interest Rate Payable: _____ % p.a.

3. Name of Institution: _____

Facility: ☐ Housing Loan ☐ Renovation Loan ☐ Overdraft ☐ Vehicle Loan

Loan amount: S$ _____

Monthly Repayment: S$ _____

Interest Rate Payable: _____ % p.a.

**AGREEMENT**

I) "I/We" refers both to the business entity (i.e. sole proprietorship/partnership/company) applying for the credit facility and to the individual sole proprietor, partners and directors signing below.

II) I/We confirm that the information given above is true and correct and that I/we have not wilfully withheld any material fact.

III) I/We acknowledge that the Bank has the absolute right to approve or reject the application without assigning any reason whatsoever and the documents accompanying this application shall become and remain the property of the Bank.

IV) I/We authorise each and every financial institution and credit/charge card issuer with whom I/we have any account(s) and their officials to divulge to you any and all information whatsoever regarding the money or other relevant particulars of my account(s) as you may from time to time request.

V) I/We hereby authorise and give you consent to conduct credit checks on me/us (including but not limited to checks with any credit bureau recognised as such by the Monetary Authority of Singapore) and to obtain and verify and/or disclose or release any information relating to me/us and/or any of my/our account(s) with you from or to any party or source as you may from time to time deem fit at your own discretion and without any liability or notice to me/us.

**Sole Proprietor/All Partners/All Directors to sign:-** (if space is insufficient, please make a copy of this page, sign & attach it to this form)

Signature

Name Date

Signature

Name Date

**For Bank Use Only:** RM: _____ Dept: _____